rhages, microaneurysms, and macular edema in both eyes. The left eye also exhibited mid-peripheral blot hemorrhages, dilated non-tortuous veins, and neovascularization of the disk and retina. At subsequent visits, a painful left eye with increasing intraocular pressure developed in the patient. The neovascular glaucoma was attributed to an ischemic retina with no definitive etiology. The patient was co-managed with ophthalmology and received initial treatment of panretinal photocoagulation. Two months later, the patient's uncontrollable intraocular pressure was managed with a Baerveldt tube implant.

Conclusion: Neovascular glaucoma is one of many complications from vasoproliferation. The three most common causes of this secondary glaucoma are central retinal vein occlusion (36%), diabetic retinopathy (32%), and ocular ischemic syndrome (13%). Regardless of the underlying cause, the goal of neovascularization management remains the same. It is important to suppress the neovascular stimulus, to recognize and manage the underlying problem, and to prevent further complications through surgical intervention.

POSTER 37

Posterior Polymorphous Amyloid Degeneration: An Atypical Corneal Presentation

Sherrol Reynolds, O.D.

Nova Southeastern University, College of Optometry, 3200 South University Drive, Ft. Lauderdale, Florida 33328

Background: Posterior polymorphous amyloid degeneration is a distinct clinical entity. It is characterized by punctate or filamentous amyloid opacities in the deeper layers of the cornea. It is usually present in patients in the fourth decade of life or older and does not cause any visual dysfunction. However, it may be confused with other corneal dystrophies. This case report will highlight the clinical presentation of posterior polymorphous amyloid degeneration and serve as a review of other corneal dystrophies.

Case Report: A 62-year-old woman came to the Bascom Palmer Eye Institute with a symptom of very blurry vision OU. Her ocular history was significant for cataracts. Her medical history was unremarkable. Best-corrected visual acuity were O.D. 20/400 NIPH, O.S. 20/400 NIPH. Pupils were equal and round, with no afferent pupillary defect. Ocular motilities and confrontation visual-field testing were unremarkable. Biomicroscopy evaluation revealed diffuse punctate yellowish corneal opacities at the posterior stroma OU. Dilated examination revealed hypermature cataracts with limited retinal view OU. The patient was referred to a corneal specialist, who diagnosed posterior polymorphous amyloid degeneration and performed cataract extraction.

Conclusion: As clinicians, we may be presented with benign atypical corneal presentations. Thus, this case report will discuss posterior polymorphous amyloid degeneration and review other corneal dystrophies.

POSTER 38

Prospective Case History Study Using Systane™ Lubricant Eye Drops to Help Reduce Symptoms of Dry Eye Associated With Contact Lens Wear

Stephen Cohen, O.D.,[a] William Potter, O.D.,[b] Mike Christensen, O.D., Ph.D.,[c] and Jami R. Kern, Ph.D.[c]

[a]Dr. Cohen is currently in private practice in Scottsdale, Arizona; [b]Dr. Potter is currently in private practice in Freehold, New Jersey; and Drs. [c]Mike Christensen and [c]Jami R. Kern are affiliated with Alcon Research, Ltd., 6201 South Freeway, Fort Worth, Texas 76134-2099

Background: The purpose of this study was to evaluate the effectiveness of Systane Lubricant Eye Drops to help reduce dry eye symptoms associated with contact lens wear

Methods: Seventy-five patients experiencing dryness or discomfort during lens wear were enrolled in this 2-week prospective non-controlled clinical evaluation. Patients using any brand of soft or rigid gas-permeable (RGP) contact lens or any lens care regimen were eligible to participate, as long as they experienced discomfort due to dryness while wearing their lenses. Patients who met enrollment criteria were asked to dose with Systane 10 to 15 minutes before lens insertion, and again after lens removal in the evening. Patients were instructed not to dose with Systane while wearing lenses. Baseline average lens-wearing time and rewetting drop use was determined. At Days 7 and 14, patients were contacted by telephone and asked questions about lens wear time and asked a series of 5-point Likert questions, designed to determine if using Systane pre/post lens wear improved their lens wearing comfort.

Results: By Day 14, comfortable lens wear time increased about 1.3 hrs. The percent of patients who marked Agree or Strongly Agree to specific Likert questions concerning how the drops improved lens comfort are as follows:

- Drops made CL more comfortable on insertion (Day 7 = 72%; Day 14 = 100%);
- CL more comfortable all day (Day 7 = 56%; Day 14 = 73%);
- CL more comfortable at end-of-day (Day 7 = 33%; Day 14 = 64%);
- CL less dry all day (Day 7 = 89%; Day 14 = 91%);
- Eyes less dry at end of day (Day 7 = 61%; Day 14 = 82%);
- Longer lens wear time (Day 7 = 50%; Day 14 = 55%).

Conclusion: This non-controlled case history study demonstrated that patients using Systane before and after lens wear improved comfort and overall contact lens-wearing experience. This study was sponsored and conducted by Alcon Research, Ltd., Fort Worth, Texas.

(Investigators were reimbursed for study-related costs by Alcon Research, Ltd., Forth Worth Texas.)

POSTER 39

Delayed Diagnosis of Non-ischemic Central Retinal Vein Occlusion (CRVO) in a Monocular Patient

Susan Yee, O.D. and Charles Davis, O.D., M.P.H.

Salisbury VA Medical Center, 1601 Brenner Avenue, Salisbury, North Carolina 28144

Background: Clinic presentation of non-ischemic central retinal vein occlusion (CRVO) involves mild disk edema, flame-shaped hemorrhages from the disk, peripheral hemorrhages in all quadrants, and visual acuity better than 20/400. The correct diagnosis of non-ischemic CRVO is made more difficult when the patient is monocular and the presenting condition has been well-established. Clinical diagnosis of ocular disease relies heavily on the comparison of signs and symptoms between both eyes and the exhibition of temporally related clinic characteristics of a particular condition. Therefore, a battery of tests—not normally used—is required to determine the correct diagnosis. This is especially true when the patient manifests optic disk edema. Optic disk edema is associated with a plethora of pathologies, many life-threatening.

Case Report: This case involves a 74-year-old, monocular man diagnosed with anterior ischemic optic neuropathy (AION) 12 months earlier. The initial clinical report described the presence of a splinter hemorrhage inferior to the disk with associated disk edema. He was placed on a regimen of oral steroids, with no resolution of disk edema. Later, it was decided that the clinical picture was not consistent with AION, and efforts began to define an alternative diagnosis. The patient was subjected to a battery of tests (lab works, CT scan, MRI, lumbar puncture, temporal artery biopsy, etc.), as a long list of differential diagnoses was considered. Conditions considered included leukemia, elevated CSF pressure, central retinal vein occlusion, POEM syndrome, and diabetic papillopathy, to name a few. From the analysis of fluorescein angiography, it was determined that the likely diagnosis was non-ischemic central retinal vein occlusion (CRVO).

Conclusion: Non-ischemic CRVO typically manifests as a unilateral painless loss of vision, with relatively mild fundus changes. An accurate diagnosis is complicated in monocular patients, and the picture is further complicated when efforts to confirm the diagnosis are delayed. The present case outlines the battery of tests administered and examines how the information was integrated to reach the diagnosis of non-ischemic CRVO.

POSTER 40

Acute Retinal Necrosis: A Case Report

Sylvia E. Sparrow, O.D. and Christine Winter (O.D. '04)

Southern College of Optometry, 1245 Madison Avenue, Memphis, Tennessee 38104

Background: Acute retinal necrosis (ARN) is a necrotizing retinitis present unilaterally or bilaterally, characterized by an intense vitritis, peripheral retinal whitening and thickening that progressively enlarges and coalesces, retinal and choroidal arteriole sheathing, and decreased visual acuity (VA).

Case Report: A 54-year-old woman came to the clinic after being treated for a granulomatous uveitis in the O.D. that was not responding to treatment.

Visual acuity with correction: 20/80- O.D. pinhole no improvement and 20/25 O.S.
Confrontation fields: FTFC O.D. and O.S.
Extraocular motilities: full range of motion OU
Patient medical history: hypertension and hysterectomy